

EXHIBIT B

**DEPARTMENT OF VETERANS AFFAIRS (VA)
REPORT TO CONGRESS ON
FERTILITY TREATMENT DATA**

Report Language - In lieu of the reporting requirements and directives under the heading "Fertility Treatment Data" in House Report 117-81, the agreement directs the Department to provide a report within 180 days of enactment of this Act, and annually thereafter, regarding the fertility treatment and counseling furnished by VA over the past five fiscal years. The report should include the following: (1) the number of veterans who received fertility treatment or counseling furnished by the Department of Veterans Affairs, disaggregated by era of military service of such veterans; (2) the number of spouses of veterans who received fertility treatment or counseling furnished by the Department; (3) the cost to the Department of furnishing fertility treatment and counseling, disaggregated by cost of services and administration; (4) the average cost to the Department per recipient of fertility treatment and counseling; (5) in cases in which the Department furnished fertility treatment through the use of assisted reproductive technology, the average number of cycles per person furnished, disaggregated by type of treatment; (6) a description of how fertility treatment and counseling services of the Department are coordinated with similar services of the Department of Defense; and (7) the number of women veterans who are ineligible for in vitro fertilization treatment or other forms of assisted reproductive services currently provided by the Department for certain veterans, disaggregated by state of residence, race, age, and marital status. *Joint Explanatory Statement – Division J, accompanying P.L. 117-103, p. 29.*

Discussion:

This report is comprised of nine sections:

- I. Overview
- II. The Number of Veterans Who Received Fertility Treatment or Counseling Furnished by the Department of Veterans Affairs, Disaggregated by Era of Military Service of Such Veterans
- III. The Number of Spouses of Veterans Who Received Fertility Treatment or Counseling Furnished by the Department
- IV. The Cost to the Department of Furnishing Fertility Treatment and Counseling, Disaggregated by Cost of Services and Administration
- V. The Average Cost to the Department per Recipient of Fertility Treatment and Counseling
- VI. In Cases in Which the Department Furnished Fertility Treatment Through the Use of Assisted Reproductive Technology, the Average Number of Cycles Per Person Furnished Disaggregated by Type of Treatment
- VII. A Description of How Fertility Treatment and Counseling Services of the Department are Coordinated with Similar Services of the Department of Defense
- VIII. The Number of Women Veterans Who are Ineligible for In Vitro Fertilization

Treatment or Other Forms of Assisted Reproductive Services Currently Provided
by the Department for Certain Veterans, Disaggregated by State of Residence,
Race, Age, and Marital Status

IX. Conclusion

I. Overview

VA is committed to promoting, preserving and restoring the health and well-being of all Veterans and VA beneficiaries, regardless of service connection, sexual orientation, gender identity, gender expression, race/ethnicity or relationship/marital status to the extent authorized by law. Infertility may adversely impact the mental health and quality of life of individuals able to reproduce without medical assistance. Infertility for persons younger than 35 with a uterus and ovaries is defined as the inability to conceive within 12 months through regularly occurring opposite-sex intercourse without the use of contraception. The time period is reduced to six months for those 35 or older. Veterans who do not engage in procreative sex (e.g., those who are single or in a relationship with an individual with same-sex gametes) may not receive a formal diagnosis of infertility but also require medical interventions to conceive.

Though the rates of infertility have not fluctuated significantly in the past several decades, the use of fertility counseling and treatment has increased over time. In the United States, 13.4% of people capable of pregnancy experience difficulty and are unable to get pregnant or carry a pregnancy to term.¹ Among this group, 12.2% of married individuals with the capacity for pregnancy aged 15–49 have sought fertility services.² The VA covers fertility counseling and treatment, such as intrauterine insemination (IUI), for all eligible and enrolled Veterans. This includes those who are single and partnered, in opposite- and same-sex relationships and identify as cisgender and transgender. VA also provides fertility benefits for those eligible under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), CHAMPVA In-house Treatment Initiative (CITI) and the Camp Lejeune Family Member Program (CLFMP).

In April 2012, the Department of Defense (DoD) issued a policy memorandum (DoD Policy) providing members of the Armed Forces who incur a serious injury or illness with assisted reproductive technology (ART), including in vitro fertilization (IVF). In September 2016, Congress passed P.L. 114-223, Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act, authorizing VA to provide ART (including IVF) for certain eligible and enrolled Veterans with infertility caused by their service-connected condition(s) or treatment for their service-connected conditions. The VA

¹ Special Tabulation by National Center for Health Statistics. Key Statistics from the National Survey of Family Growth – I Listing. Centers for Disease Control and Prevention, US Department of Health and Human Services. 16 December 2022. Accessed 19 July 2023.

https://www.cdc.gov/nchs/nsfg/key_statistics/i-keystat.htm

² *Ibid.*

benefit further provides coverage for fertility counseling and treatment to the spouses of such Veterans, including ART and all other fertility counseling and treatment available under the Medical Benefits Package, such as IUI. P.L. 114-223 requires VA to follow restrictions found in the 2012 DoD Policy that stipulate Veterans must be legally married for eligibility qualification and the use of donor eggs, sperm or embryos and gestational surrogacy are prohibited.

II. The Number of Veterans Who Received Fertility Treatment or Counseling Furnished by the Department of Veterans Affairs, Disaggregated by Era of Military Service of Such Veterans

From fiscal year (FY) 2018–22, a total of 12,995 Veterans received fertility counseling or treatment furnished by VA in the community (see Table 1). In the same timeframe, 46,568 Veterans received fertility and infertility counseling and/or minor treatment interventions, such as drawing blood or obtaining urine samples within VA medical facilities. Treatments provided in Table 2 are not provided within the VA system. Most of these Veterans served during the Gulf Region Conflict (1990 to present).

Table 1. The number of unique Veterans who received fertility treatment or counseling furnished by VA, both in VA medical facilities and in the community, by period of service,³ FY 2018–22

Period of Service	Number of Veterans	
	Care in the Community ⁴	VA Medical Facilities ⁵
Korean Era	3	0
Vietnam Era	344	260
Gulf Region Conflict	11,801	46,013
Unknown	847	439
Total	12,995	46,568

Note: Veterans from Korean and Vietnam Eras represent older Veterans with testes who wish to build families with younger partners with ovaries and uteri.

³ Korean Era (1/1/1947–8/4/1964); Vietnam Era (8/5/1964–7/31/1990); and Gulf Region Conflict (8/1/1990– present).

⁴ Source: Office of Community Care Informatics Team; data from Clinical Data Services (CDS), Fee Basis Cost System (FBSC), Financial Services Center (FSC), Spatient tables, and the IVF Repository pulled on 7/28/32. Patient data is based on current procedural terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and diagnosis codes. Data reflects the number of Veterans by period of service who received fertility treatments or counseling with claim paid dates from October 1, 2017 to September 30, 2022. For this year's report, we no longer have access to the Program Integrity Tool (PIT) tables. The PIT tables were the only source for claims processed under the Expedited Payment process; as such, there may be instances where we no longer have visibility to certain Expedited Payments processed in fiscal years (FY) 2018–19.

⁵ Source: Veterans Health Administration (VHA) Support Service Center (VSSC)/Pyramid Analytics: Diagnosis Cube. Data was pulled 7/31/2023 based on diagnosis codes N46, N96–8, O26.2, and Z31 and limited to ages 18–44, priority groups 1–8D, and verified enrollment status. Because unique patients can span multiple periods of service and be double counted, the uniques by period of service is greater than the sum thereof. Relative to report previous reports, fertility counseling and treatment was pulled from a different source when reports migrated to Pyramid Analytics and included additional international classification of diseases, tenth revision (ICD-10) codes; this more fully captures increases in utilization.

III. The Number of Spouses of Veterans Who Received Fertility Treatment or Counseling Furnished by the Department

From FY 2018–22, a total of 789 spouses received fertility counseling or treatment furnished by VA in the community.⁶

IV. The Cost to the Department of Furnishing Fertility Treatment and Counseling, Disaggregated by Cost of Services and Administration

Fertility counseling and treatment may occur in the natural course of primary and specialty care delivered to Veterans when they are receiving care within the Department. Standard fertility evaluation may include laboratory testing and/or imaging that is also part of routine care. At this point in time, it is not possible to disaggregate all costs that may contribute to a Veteran's fertility evaluation but are not specifically defined as fertility treatments in on-site care. Since nearly all specific fertility evaluation and treatments are referred to non-VA providers in the community, and in keeping with the intent of this request, data include all fertility-related costs for care rendered in the community.

The total 13,784 individuals (12,995 Veterans and 789 spouses) treated incurred \$20,882,004 in costs furnished by VA for care in the community (see Table 2 for breakdown by service).

Table 2. The cost to VA of furnishing fertility counseling and treatment in the community, disaggregated by cost of services, FY 2018–2022⁷

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	802	\$253,178	\$316
Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	7	\$1,964	\$281

⁶ Source: Office of Community Care Informatics Team; data from CDS, FBCS, Spatient tables, and the IVF Repository based on procedural and diagnosis codes. Data reflects the number of spouses who received fertility treatments or counseling with claim paid dates from October 1, 2017 to September 30, 2022.

⁷ Source: Office of Community Care Informatics Team; data pulled 7/28/2023 from Clinical Decision Support (CDS), FBSC, Spatient tables, and the IVF Repository using procedural and treatment codes for fertility counseling and treatment among patients with a fertility diagnosis. Claims with missing social security numbers were excluded. For this year's report, we no longer have access to the PIT tables, which were the only source for claims processed under the Expedited Payment process; as such, there may be instances where we no longer have visibility to certain Expedited Payments processed in fiscal years (FY) 2018–19.

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Biopsy of testis, needle (separate procedure)	9	\$4,364	\$485
Biopsy of testis, incisional (separate procedure)	89	\$106,534	\$1,197
Biopsy of epididymis, needle (Diagnostic Services to Evaluate Potential Infertility)	3	\$2,230	\$743
Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) (Diagnostic Services to Evaluate Potential Infertility)	3	\$6,906	\$2,302
Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	27	\$2,410	\$89
Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	10	\$4,318	\$432
Electroejaculation	2	\$855	\$427
Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	6	\$3,187	\$531
Intracervical insemination	8	\$1,161	\$145
Intrauterine insemination (IUI)	1,519	\$445,766	\$293
Sperm washing for intrauterine insemination (IUI)	428	\$36,343	\$85
Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	3,243	\$679,009	\$209
Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	32	\$40,348	\$1,261
Chromotubation of oviduct, including materials	71	\$35,646	\$502
Hysteroplasty, repair of uterine anomaly (Strassman type)	1	\$13,155	\$13,155
Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with	5	\$9,973	\$1,995

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
total weight of 250 g or less and/or removal of surface myomas			
Hysteroscopy, diagnostic (separate procedure)	102	\$97,088	\$952
Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	7	\$3,759	\$537
Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	1	\$3,525	\$3,525
Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	11	\$18,002	\$1,637
Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	33	\$54,019	\$1,637
Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	3	\$5,811	\$1,937
Laparoscopy, surgical; with fimbrioplasty	3	\$13,883	\$4,628
Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	14	\$58,579	\$4,184
Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) (Diagnostic Services to Evaluate Potential Infertility)	1	\$689	\$689
Lysis of adhesions (salpingolysis, ovariolysis)	3	\$2,704	\$901
Fimbrioplasty	2	\$5,616	\$2,808
Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	6	\$9,920	\$1,653
Follicle Puncture for Oocyte retrieval, any Method (IVF)	665	\$974,481	\$1,465
Embryo transfer, intrauterine	515	\$693,003	\$1,346
Vasography, vesiculography, or epididymography, radiological supervision and interpretation	3	\$36	\$12

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Hysterosalpingography, radiological supervision and interpretation	2,381	\$356,270	\$150
Transcervical catheterization of fallopian tube, radiological supervision and interpretation	27	\$6,030	\$223
Ultrasound, transvaginal	3,063	\$1,685,311	\$550
Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	1,195	\$218,077	\$182
Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	901	\$258,194	\$287
Echography, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (e.g., for follicles)	1,829	\$730,274	\$399
Ultrasound, scrotum, and contents	182	\$13,872	\$76
Ultrasound, transrectal	33	\$4,036	\$122
Ultrasonic guidance for aspiration of ova, radiological supervision and interpretation	591	\$133,425	\$226
Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)	1	\$62	\$62
DMD (dystrophin) (e.g., Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	266	\$53,455	\$201
ASPA (aspartoacylase) (e.g., Canavan disease) gene analysis, common variants (e.g., E285A, Y231X)	270	\$15,810	\$59
APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	2	\$780	\$390
APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	2	\$200	\$100

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
BCKDHB (branched chain keto acid dehydrogenase E1, beta polypeptide) (e.g., maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)	156	\$16,854	\$108
BLM (Bloom syndrome, RecQ helicase like) (e.g., Bloom syndrome) gene analysis, 2281del6ins7 variant	236	\$12,328	\$52
CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; common variants (e.g., ACMG/ACOG guidelines)	580	\$346,550	\$598
CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; known familial variants	1	\$97	\$97
CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants	23	\$9,572	\$416
CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence	51	\$26,010	\$510
CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility)	24	\$4,001	\$167
Chromosome Microarray Testing (Non-Oncology Conditions) Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis PGT-SR	18	\$29,062	\$1,615
Genome-wide microarray analysis for copy number and single nucleotide polymorphism (SNP) variants	9	\$9,210	\$1,023

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Chromosome Microarray Testing (Non-Oncology Conditions) Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	1	\$1,160	\$1,160
VKORC1 (vitamin K epoxide reductase complex, subunit 1) (e.g., warfarin metabolism), gene analysis, common variant(s) (e.g., 1639G>A, c.173+1000C>T)	1	\$850	\$850
PGT hemoglobinopathies (i.e., thalassemias, sickle cell disease)	177	\$25,974	\$147
PGT Gene analysis (hemoglobin, subunit beta) for known familial variant	1	\$375	\$375
PGT Molecular pathology procedure, Level 1	228	\$20,600	\$90
PGT Molecular pathology procedure, Level 2	224	\$47,727	\$213
PGT Molecular pathology procedure, Level 3	121	\$17,028	\$141
PGT-M Molecular pathology procedure level 4; Chromosome Microarray Testing (Non-Oncology Conditions)	85	\$21,700	\$255
PGT Molecular pathology procedure, Level 5	205	\$78,449	\$383
PGT Molecular pathology procedure, Level 6	216	\$62,041	\$287
PGT Molecular pathology procedure, Level 7	149	\$56,864	\$382
PGT Molecular pathology procedure, Level 8	120	\$105,049	\$875
PGT Molecular pathology procedure, Level 9	272	\$610,443	\$2,244

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Ashkenazi Jewish associated disorders (e.g., Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	4	\$9,005	\$2,251
Exome sequence analysis	1	\$4,780	\$4,780
Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	67	\$56,641	\$845
Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	6	\$4,099	\$683
Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	5	\$24,034	\$4,807
Test for detecting genes associated with colon cancer, genomic sequence analysis panel, at least 10 genes	2	\$1,573	\$786
Test for detecting genes associated with colon cancer, duplication/deletion analysis panel, at least 5 genes	2	\$1,573	\$786
Genetic testing for severe inherited conditions	53	\$126,315	\$2,383
Test for detecting genes associated with blood related cancer	3	\$3,899	\$1,300
Chromosome Microarray Testing (Non-Oncology Conditions) Unlisted molecular pathology procedure PGT	99	\$100,545	\$1,016

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Sequencing-based non-invasive prenatal testing (NIPT) Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma	28	\$22,260	\$795
Chemiluminescent assay	854	\$15,071	\$18
Estradiol	3,275	\$549,224	\$168
Gonadotropin; follicle stimulating hormone (FSH)	2,905	\$100,760	\$35
Gonadotropin; luteinizing hormone (LH)	2,767	\$204,795	\$74
Hydroxyprogesterone, 17-D (synthetic hormone) level	133	\$3,398	\$26
Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	911	\$16,621	\$18
Progesterone (reproductive hormone) level	2,146	\$283,627	\$132
Prolactin (milk-producing hormone) level	1,886	\$50,557	\$27
Testosterone; free	472	\$17,202	\$36
Testosterone; total	1,649	\$56,324	\$34
Thyroid stimulating hormone (TSH)	2,391	\$58,957	\$25
Gonadotropin, Chorionic (hCG)–Quantitative	1,461	\$83,603	\$57
Ovulation tests, by visual color comparison methods for human luteinizing hormone	2	\$25	\$13
Flow cytometry, cell cycle or DNA analysis	6	\$550	\$92
Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (e.g., for ataxia telangiectasia, Fanconi anemia, fragile X)	2	\$0	\$0
Chromosome analysis; count 5 cells, 1 karyotype, with banding	3	\$264	\$88
Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	159	\$21,838	\$137
Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	1	\$186	\$186
Molecular cytogenetics; DNA probe, each (e.g., FISH)	5	\$178	\$36

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Molecular cytogenetics; interphase in situ hybridization, analyze 25 99 cells	3	\$102	\$34
Molecular cytogenetics; interphase in situ hybridization, analyze 100 300 cells	1	\$51	\$51
Chromosome analysis; additional karyotypes, each study	26	\$871	\$33
Chromosome analysis; additional cells counted, each study	16	\$423	\$26
Chromosome Microarray Testing (Non-Oncology Conditions) Interpretation and report of cyto/molecular genetic testing PGT	36	\$1,354	\$38
Culture of oocyte(s)/embryo(s), less than 4 days	507	\$1,581,149	\$3,119
Culture of oocyte(s)/Embryo(s), less than 4 days; with co-culture of oocyte(s)/embryo(s)	24	\$64,567	\$2,690
Assisted embryo hatching, microtechniques (any method)	309	\$355,081	\$1,149
Oocyte identification from follicular fluid	555	\$710,042	\$1,279
Preparation of embryo for transfer (any method)	404	\$667,529	\$1,652
Sperm identification from aspiration (other than seminal fluid)	39	\$15,680	\$402
Cryopreservation; embryo(s)	441	\$582,518	\$1,321
Cryopreservation; sperm	276	\$99,866	\$362
Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis	304	\$127,269	\$419
Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient for insemination or diagnosis with semen analysis	965	\$546,662	\$566
Sperm identification from testis tissue, fresh or cryopreserved	105	\$49,652	\$473
Insemination of oocytes (intrauterine insemination)	146	\$176,758	\$1,211
Extended culture of oocyte(s)/embryo(s),4–7 days	467	\$897,690	\$1,922

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	332	\$843,966	\$2,542
Assisted oocyte fertilization, microtechnique; Greater than 10 oocytes	206	\$470,838	\$2,286
Biopsy, oocyte polar body or embryo blastomere, microtechnique (for preimplantation genetic diagnosis); less than or equal to 5 embryos	245	\$765,887	\$3,126
Biopsy, oocyte polar body or embryo blastomere, microtechnique (for preimplantation genetic diagnosis); greater than 5 embryos	99	\$255,538	\$2,581
Semen analysis presence and/or motility of sperm	20	\$341	\$17
Semen analysis; motility and count (not including Huhner test)	352	\$4,905	\$14
Semen analysis volume count motility different	2,399	\$57,676	\$24
Semen analysis; sperm presence and motility of sperm, if performed	245	\$3,407	\$14
Semen analysis strict morphologic criteria	1,763	\$73,760	\$42
Sperm antibodies	33	\$454	\$14
Sperm evaluation hamster penetration test	4	\$405	\$101
Sperm evaluation cervical mucous penetration	7	\$134	\$19
Sperm evaluation retrograde ejaculation urine	28	\$1,640	\$59
Cryopreservation, reproductive tissue, testicular	35	\$9,502	\$271
Cryopreservation, mature oocyte(s)	45	\$49,653	\$1,103
Storage, (per year) for embryo(s)	247	\$217,365	\$880
Storage, (per year) for sperm/semen	136	\$64,389	\$473
Storage, (per year) for reproductive tissue, testicular/ovarian	10	\$4,191	\$419
Storage, (per year) for oocyte(s)	24	\$14,269	\$595
Thawing of cryopreserved; embryo(s)	337	\$297,699	\$883
Thawing of cryopreserved; sperm/semen, each aliquot	215	\$56,676	\$264

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Reproductive tissue, testicular/ovarian	11	\$3,068	\$279
Thawing of cryopreserved; oocytes, each aliquot	20	\$10,666	\$533
Unlisted reproductive medicine lab procedure	71	\$14,294	\$201
Counseling for genetic testing	61	\$9,603	\$157
Reimplantation genetic assessment of embryo by gene sequence analysis of 24 chromosomes for abnormal chromosome number	3	\$3,750	\$1,250
Cryopreservation; immature oocyte(s)	2	\$0	\$0
Semen analysis; presence and/or motility of sperm excluding Huhner	16	\$134	\$8
Injection, chorionic gonadotropin, per 1,000 USP units	37	\$6,167	\$167
Postcoital direct, qualitative examinations of vaginal or cervical mucous	1	\$282	\$282
Injection, follitropin beta, 75 IU	2	\$8,580	\$4,290
Genetic counseling, under physician supervision, each 15 minutes	3	\$762	\$254
In vitro fertilization cancelled prior to embryo transfer ("freeze all" IVF cycle); including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination	13	\$198,089	\$15,238
Complete in vitro fertilization (IVF) cycle, not otherwise specified, case rate	21	\$427,021	\$20,334
Frozen in vitro fertilization (IVF) cycle, case rate	17	\$122,742	\$7,220
Frozen embryo transfer procedure canceled before transfer, case rate	1	\$5,200	\$5,200
In vitro fertilization (IVF) procedure canceled before aspiration, case rate	1	\$6,000	\$6,000
In vitro fertilization (IVF) procedure canceled after aspiration, case rate	7	\$101,901	\$14,557
Assisted oocyte fertilization, case rate	26	\$163,163	\$6,276
Storage of previously frozen embryos	17	\$28,040	\$1,649

Description of Current Procedural Terminology (CPT) Code (FY23)	Number of Recipients of Treatment	Total Amount Paid Per CPT code	Mean Cost Per Use of CPT
Microsurgical epididymal sperm aspiration (MESA)	6	\$19,847	\$3,308
Sperm procurement and cryopreservation services; initial visit	1	\$2,200	\$2,200
Sperm procurement and cryopreservation services; subsequent visit	5	\$24,350	\$4,870
Stimulated intrauterine insemination (IUI), case rate	17	\$72,571	\$4,269
Cryopreserved embryo transfer, case rate	3	\$29,750	\$9,917
Monitoring and storage of cryopreserved embryos, per 30 days	8	\$3,909	\$489
Management of ovulation induction (interpretation of diagnostic tests and studies, non-face- to-face medical management of the patient), per cycle	90	\$165,850	\$1,843

V. The Average Cost to the Department per Recipient of Fertility Treatment and Counseling

Care in the community costs the Department an average (mean) of \$120 per recipient for fertility counseling and treatment.⁸ This cost reflects the mean of all fertility treatments and counseling provided to Veterans. Much of the care is counseling and evaluation, resulting in a relatively lower overall cost in comparison to actual treatments.

VI. In Cases in Which the Department Furnished Fertility Treatment Through the Use of Assisted Reproductive Technology, the Average Number of Cycles Per Person Furnished Disaggregated by Type of Treatment

In cases where the Department furnished fertility treatment using ART, 665 patients had oocytes retrieved (3.10 cycles per patient) and 541 patients had a total of 1,252 embryo transfers completing a cycle of IVF (2.31 cycles per person) (see Table 3). Embryos were biopsied and sent for preimplantation genetic testing 3,107 times for 838 patients (3.70 cycles per patient on average). A total of 507 patients used intracytoplasmic sperm injection (ICSI), in which a single healthy sperm cell is selected and injected into a mature egg cell (2.11 cycles per person on average).

⁸ *Ibid.*

Table 3. The average number of cycles furnished through ART, disaggregated by type of treatment, FY 2018–22⁹

Description of current procedural terminology (CPT) code	Number of Procedures	Number of Patients with Oocytes and Uteri	Number of Patients with Sperm	Average Number of Cycles
Oocyte Retrieval	2,059	665		3.10
Oocyte Prep: identification from ovarian fluid	1,179	555		2.12
Intracytoplasmic sperm injection (ICSI)	1,069		507	2.11
Embryo Prep	790	404		1.96
Culture of Oocytes/Embryos	2,084	576		3.62
Assisted Embryo Hatching	623	309		2.02
Preimplantation Genetic Testing (PGT)	2,695	714		3.77
PGT	412		124	3.32
In vitro fertilization (IVF)—Intrauterine embryo transfer	1,252	541		2.31
Oocyte Cryopreservation & Storage	150	65		2.31
Sperm Cryopreservation & Storage	1,329		593	2.24
Ovarian Tissue Cryopreservation & Storage	14	8		1.75
Testicular Tissue Cryopreservation & Storage	25		13	1.92
Embryo Cryopreservation & Storage	1,848	543		3.40
Cancelled Cycle	58	21		2.76

⁹ *Ibid.*

VII. A Description of How Fertility Treatment and Counseling Services of the Department are Coordinated with Similar Services of the Department of Defense

Although VA's expanded fertility counseling and treatment for ART similar to the services provided by DoD, the counseling and treatment are provided separately rather than in a coordinated fashion with DoD. Any couple with one Veteran and one member of the Armed Forces who is on active duty may choose to utilize their entitlement to DoD medical benefits rather than obtaining care through VA or vice versa.

VIII. The Number of Women Veterans Who are Ineligible for In Vitro Fertilization Treatment or Other Forms of Assisted Reproductive Services Currently Provided by the Department for Certain Veterans, Disaggregated by State of Residence, Race, Age, and Marital Status

For fertility counseling and treatment, the VA provider screens Veterans to determine if they meet the criteria for infertility benefits under VA's special authority (38 C.F.R. § 17.380), including in vitro fertilization (IVF) and other forms of assisted reproductive technology (ART). Women and gender-diverse Veterans may be ineligible for service-connected infertility benefits, including ART/IVF, if they are in a same-sex relationship (i.e., they have same-sex gametes: eggs or sperm), single or otherwise require the use of donated gametes, donor embryos or gestational surrogacy. They are also ineligible if they do not have a service-connected condition adjudicated by the Veterans Benefits Administration (VBA) or VA cannot establish a documented causal link between their service-connected condition, or treatment thereof, and a clinical diagnosis of infertility. For those who do not meet the strict criteria for infertility benefits under VA's special authority, providers will place a consult for general fertility and counseling benefits under the Medical Benefits Package (38 C.F.R. § 17.38).

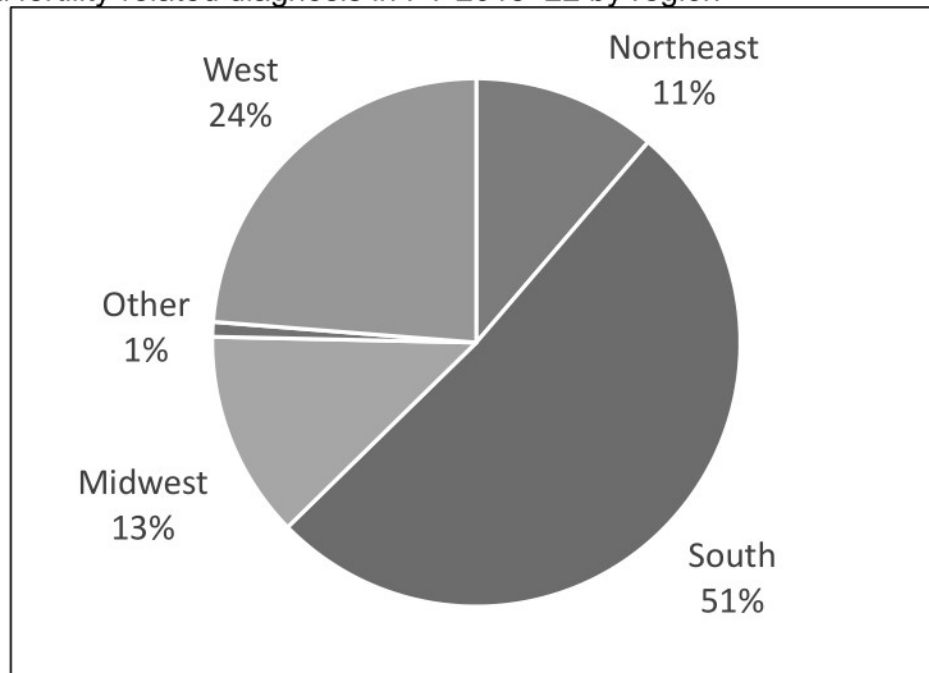
Because so few individuals meet eligibility criteria for infertility benefits under VA, the sociodemographic characteristics of total population of those with a fertility diagnosis within VHA serve as sufficient proxy for women and gender-diverse Veterans who might seek the benefit but are ineligible.

In examining sociodemographic characteristics from FY 2018–22, the geographic distribution by fertility diagnosis reflects the overall population of VHA users with the capacity for pregnancy.¹⁰ Approximately half (51.5%) of women and gender-diverse Veterans of reproductive age (18–44) with a fertility-related diagnosis resided in the South; one-quarter (23.8%) resided in the West; the remaining quarter was split

¹⁰ VA is in the process of collecting gender identity. As of 7/31/2023, only 7.4% of unique Veterans ages 18–44 in priority groups 1–8D who were listed as female identified as “woman.” Over 2/3 of Veterans ages 18–44 in priority groups 1–8D (67.5%) have their gender listed as “Unknown” or “Prefer not to answer.” Because some people changed their sex in their electronic health record prior to the inclusion of a separate gender category, some Veterans do not have a variable in their electronic health record corresponding to their reproductive potential.

between the Northeast (11.3%) and Midwest (12.7%) (see Figure 1 and Table 4). Almost half (49.7%) of Veterans with the capacity for pregnancy who have a fertility-related diagnosis were people of color; approximately an eighth identified as Hispanic or Latinx/e (12.9%) (see Table 5 and Figure 2). Similar to the overall population aged 25–44, most of this group were between the ages of 25–44 at the time of diagnosis (see Table 6 and Figure 3). Data on marital status was not systematically collected.

Figure 1. Proportion of Veterans with the capacity for pregnancy using VHA with a fertility-related diagnosis in FY 2018–22 by region¹¹



¹¹ Source: VSSC/Pyramid Analytics: Diagnosis Cube. Data was pulled on 7/31/23 based on diagnosis codes between FY2018–22 and limited to ages 18–44, priority 1–8D, period of service, and enrollment among patients listed as female. Other includes Armed Forces the Americas (AA); Armed Forces Africa, Armed Forces Canada, Armed Forces Europe, and Armed Forces Middle East (AE); Armed Forces Pacific (AP); American Samoa (AS); Guam (GU); Northern Mariana Islands (MP); and U.S. Virgin Islands (VI).

Table 4. Proportion of Veterans with the capacity for pregnancy using VHA in FY 2018–22 by U.S. state, territory, and District of Columbia

U.S. state, territory, and District of Columbia	VHA users with the capacity for pregnancy with a fertility-related diagnosis ¹² (%)	All VHA users with the capacity for pregnancy ¹³ (%)	U.S. state, territory, and District of Columbia	VHA users with the capacity for pregnancy with a fertility-related diagnosis (%)	All VHA users with the capacity for pregnancy (%)
Texas	12.2	13.8	Massachusetts	1.0	<1.0
Florida	9.1	8.9	Idaho	<1.0	<1.0
California	8.5	8.0	Kansas	<1.0	<1.0
Georgia	5.8	6.2	Kentucky	<1.0	<1.0
North Carolina	5.1	5.2	Mississippi	<1.0	<1.0
Virginia	4.2	4.9	Utah	<1.0	<1.0
Washington	3.3	2.5	Arkansas	<1.0	<1.0
New York	2.9	2.4	Connecticut	<1.0	<1.0
South Carolina	2.8	2.7	Hawaii	<1.0	<1.0
Colorado	2.6	2.4	Montana	<1.0	<1.0
Arizona	2.5	2.4	New Mexico	<1.0	<1.0
Maryland	2.4	2.2	Other ¹⁴	<1.0	<1.0
Illinois	2.3	2.1	Iowa	<1.0	<1.0
Ohio	2.3	2.5	Nebraska	<1.0	<1.0
Tennessee	2.2	2.4	Alaska	<1.0	<1.0
Pennsylvania	2.1	2.2	New Hampshire	<1.0	<1.0
Minnesota	1.9	1.1	West Virginia	<1.0	<1.0
Michigan	1.6	1.6	District of Columbia	<1.0	<1.0
Nevada	1.6	1.3	Delaware	<1.0	<1.0
Alabama	1.5	2.1	Maine	<1.0	<1.0
Louisiana	1.5	1.4	Puerto Rico	<1.0	<1.0

¹² *Ibid.*¹³ Source: VSSC/Pyramid Analytics: Unique Patients Cube. Data was pulled on 7/31/23 and limited to unique Veterans listed as female, ages 18–44, priority 1–8D.¹⁴ Other includes Armed Forces the Americas (AA); Armed Forces Africa, Armed Forces Canada, Armed Forces Europe, and Armed Forces Middle East (AE); Armed Forces Pacific (AP); American Samoa (AS); Guam (GU); Northern Mariana Islands (MP); U.S. Virgin Islands (VI).

Missouri	1.5	1.7	South Dakota	<1.0	<1.0
Oklahoma	1.4	1.6	North Dakota	<1.0	<1.0
Wisconsin	1.4	1.4	Rhode Island	<1.0	<1.0
New Jersey	1.3	1.0	Wyoming	<1.0	<1.0
Indiana	1.2	1.2	Vermont	<1.0	<1.0
Oregon	1.1	1.1			

Table 5. Proportion of Veterans with the capacity for pregnancy within VHA in FY 2018–22 by race/ethnicity

Race/ethnicity	VHA users with the capacity for pregnancy who have a fertility-related diagnosis ¹⁵ (%)	All VHA users with the capacity for pregnancy ¹⁶ (%)
White	50.4	52.3
Black or African American	32.7	28.5
Hispanic or Latinx/e ¹⁷	12.9	13.8
Unknown/declined to answer	8.6	11.4
Asian	3.0	2.7
Multiple races	2.7	2.5
Native Hawaiian or other Pacific Islander	1.5	1.4
American Indian or Alaskan Native	1.2	1.2

VHA, Veterans Health Administration. FY, fiscal year.

¹⁵ Source: VSSC/Pyramid Analytics: Diagnosis Cube. Data was pulled on 7/31/23 based on diagnosis codes between FY2018–22 and limited to ages 18–44, priority 1–8D, period of service, and enrollment among patients listed as female.

¹⁶ Source: VSSC/Pyramid Analytics: Unique Patients Cube. Data was pulled on 7/31/23 and limited to unique Veterans listed as female, ages 18–44, priority 1–8D.

¹⁷ Hispanic or Latinx/e individuals can be of any race.

Figure 2. Proportion of VHA users with the capacity for pregnancy within VHA in FY 2018–22 by race/ethnicity¹⁸

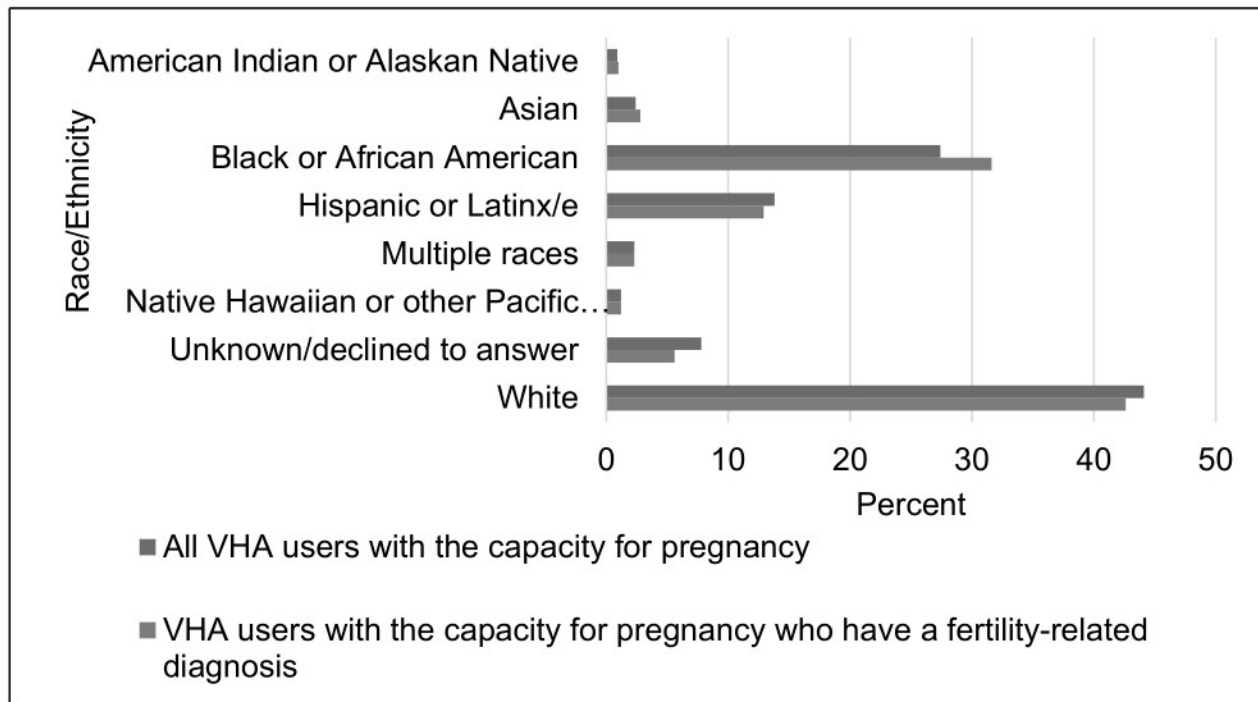


Table 6. Proportion of Veterans with the capacity for pregnancy using VHA in FY 2018–22 by age

Age	VHA users with the capacity for pregnancy with a fertility-related diagnosis ¹⁹ (%)	All VHA users with the capacity for pregnancy ²⁰ (%)
18–24	3.6	4.2
25–34	47.1	38.1
35–44	49.4	57.7

VHA, Veterans Health Administration. FY, fiscal year.

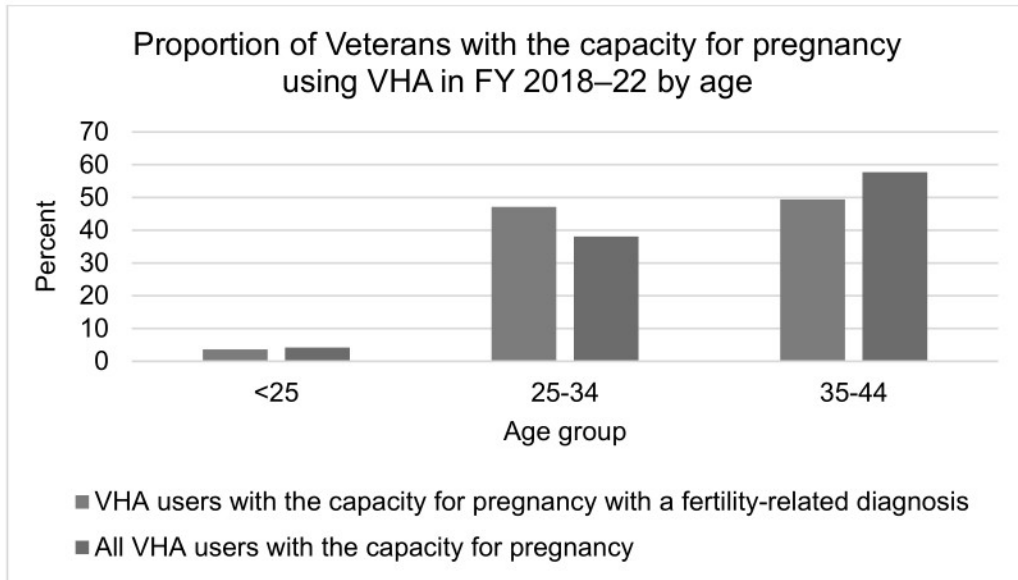
Figure 3. Proportion of Veterans with the capacity for pregnancy using VHA in FY 2018–22 by age²¹

¹⁸ Sources: VSSC/Pyramid Analytics: Unique Patients Cube and Diagnosis Cube. Hispanic or Latinx/e individuals can be of any race.

¹⁹ Source: VSSC/Pyramid Analytics: Diagnosis Cube. Data was pulled on 7/31/23 based on diagnosis codes between FY2018–22 and limited to ages 18–44, priority 1–8D, period of service, and enrollment status among patients listed as female. Because unique patients can receive diagnoses at multiple discrete points in time and be double counted, the uniques by date of diagnosis is greater than the sum thereof.

²⁰ Source: VSSC/Pyramid Analytics: Unique Patients Cube. Data was pulled on 7/31/23 and limited to unique Veterans listed as female, ages 18–44, priority 1–8D.

²¹ Sources: VSSC/Pyramid Analytics: Unique Patients Cube and Diagnosis Cube.



IX. Conclusion

VA is committed to providing care to all Veterans seeking fertility counseling and treatment to the extent authorized by law. Within VA, the use of fertility counseling and treatment benefits through VA for all eligible and enrolled Veterans has increased over time. Since 2017, VA has been able to provide infertility benefits, under VA's special authority, including ART/IVF and IUI, to certain eligible Veterans and their spouses. Through a combination of services in VA medical facilities and the community, VA continues to enhance fertility counseling and treatment for Veterans who wish to pursue family building to improve their quality of life.

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